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DIVISIONAL REISSUE PATENT APPLICATION TRANSMITTAL

	10					
mannora 1600 0.41 (da) 142	Attorney Docket No. MTS-880US2					
Address to: BROADEN GO REIGHNE	First Named Inventor Thiow Keng Tan					
Assistant Commissioner for Patents	Original Patent Number 5,825,421					
Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year) October 20, 1998					
	Express Mail Label No. EL711312238US					
APPLICATION FOR REISSUE OF: (check applicable box) Utility	atent Design Patent Plant Patent					
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS					
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. X Foreign Priority Claim (35 U.S.C. 119) (if applicable)					
2. X Specification and Claims (amended, if appropriate)	8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
3. X Drawing(s) (proposed amendments, if appropriate)	9. English Translation of Reissue Oath/Declaration					
4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	(if applicable) * Small Entity Statement filed in prior application, Statement(s) Statement filed in prior application,					
5. Original U.S. Patent	(PTO/SB/09-12) Status still proper and desired					
Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	11. Preliminary Amendment					
or Ribboned Original Patent Grant	12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Other:					
Affidavit / Declaration of Loss (PTO/SB/55)						
6. Original U.S. Patent currently assigned?						
X Yes No						
(If Yes, check applicable box(es))						
Written Consent of all Assignees (PTO/SB/53 or 54)	NOTE FOR ITEMS 1 & 10 IN ORDER TO BE ENTITLED TO PAY					
X 37 C.F.R. § 3.73(b) Statement X Power of Attorney SMALL ENTITY STATEMENT IS REQUIRED. (37.C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37.C.F.R. § 1.28).						
14. CORRESPONDENCE ADDRESS						
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)						
Ratner & Prestia						
Address P.O. Box 980						
City Valley Forge State P	A Zip Code 19482'					
	10-407-0700 Fax 610-407-0701					
NAME (Print/Type) Allan Ratney	Registration No. (Attorney/Agent) 19,717 , /					
Signature	Date 10/18/90					

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PTO/SB/56 (12-97) red for use through 9/30/00. OMB 0651-0033

Office; U.S. DEPARTMENT OF COMMERCE Patent and Trade

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ss it displays a valid OMB control number. Docket Number (Optional)

REISSUE APPLICATION FEE TRANSMITTAL FORM

							MTS-	880	US2		
			laims as Fi	led -	Part 1						
Claims in	5	Number Filed in		(3) Small I		Entity Other than a			Small I	Entity	
Patent	For	Reissue	Application			Rate	Fee		Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B)	4	****	0 =	x \$=		or	x \$ <u>18</u> =		0
(C) 6	Independent Claims (37 CFR 1.16(i))	(D)	1		0 =	x \$=			× \$ <u>80</u> =		0
	Basic Fee (37 CFR 1.16(h)) \$ \$710										
Total Filing Fee \$ OR \$							710				
		Clain	ns as Amen	ded ·	- Part 2						
	(1) Claims Remainin	g	(2) Highest Nur	nber Extra		Small E	ntity Other than		a Small Entity		
	After Amendmen	it	Previous Paid Fo	or	Claims Present	Rate	Fee		Rate		Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**		*	x \$=			x \$=		
Independent Claims (37 CFR 1.16	(i))	MINUS	****			x \$=		or	× \$ =		
			To	otal A	dditional	Fee	\$		OR	\$	
* If the entry in (I	O) is less than the e	ntry in (C)), Write "0" in	colu	Additional mn 3.	Fee	l. <u>.</u>	Ala i a	OR	\$	

^{**} If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

	Please charge Deposit Account No A duplicate copy of this sheet is enclosed.	in the amount of
X	The Commissioner is hereby authorized to che may be required, or credit any overpayment to A duplicate copy of this sheet is enclosed.	narge any additional fees under 37 CFR 1.16 or 1.17 which to Deposit Account No. 18-0350
X	A check in the amount of \$ 710.00	_ to cover the filing / additional fee is enclosed.
	/0/18/00 /Date/	Signature of Applicant, Attorney or Agent of Record Allan Ratner, Reg. No. 19,717 Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

^{***} After any cancelation of claims

^{****} If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

^{***** &}quot;Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).